



A Tradition of Excellence

RELEASE OF INFORMATION / CONSENT TO BILL MEDICAID

DATE: _____ STUDENT'S NAME: _____ D.O.B.: _____

Dear Parent/Guardian:

Your child's individual education plan (IEP) includes special education and related services provided by our special education staff. One or more of the services included on your child's IEP qualifies for reimbursement from Medicaid. Schools routinely access Medicaid funding to help meet costs of providing special education services. Federal special education law requires that school districts seek parental permission prior to submitting bills for reimbursement from public insurers such as Medicaid. This letter is asking your permission to bill Medicaid for services listed in your child's IEP.

Granting this permission to bill Medicaid will not reduce your ability to seek other Medicaid-covered health-related services outside the school setting. This permission will not decrease lifetime coverage, increase premiums, or lead to the discontinuation of benefits, as Medicaid does not have a maximum number of eligible visits or a lifetime maximum for services.

Along with this request to bill Medicaid, it is also necessary that the district ("the School") obtain your written permission to release information to Medicaid. This permission must be obtained prior to the School ever releasing your child's personal information from educational records for billing purposes to a public benefits or insurance program. Medicaid requires documentation of the services our staff provided prior to making payment to the School.

You have the right to withdraw consent at any time. Your child's free appropriate public education and related services will continue regardless of consent, refusal of consent, or withdrawal.

- I AGREE and hereby allow and give permission for the School to release information to Medicaid for billing purposes and I give my consent to the School to access/bill Medicaid for provided services.
 - A. I understand and agree that the School may access my or my child's public benefits or insurance to pay the School for services described in their IEP and provided by the School.
 - B. I understand and agree that personal information (e.g. information on the services provided to my child) may be provided to the applicable State Agency or Insurance Program for the purpose of obtaining payment for such services.
 - C. I understand that I have the right to withdraw this permission in writing at any time.

- I DO NOT give permission for the School to release information for Medicaid billing purposes and I DO NOT give consent for the School to access/bill Medicaid insurance for provided services.

Parent(s)/Guardian(s) Name)

Date



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Information for Parents About Medicaid in Schools

How Do Medicaid and Illinois Schools Work Together?

The State of Illinois participates in a federal program called Medicaid School-Based Services. This program helps school districts by allowing them to receive reimbursement for medical services provided to students with disabilities, as documented on the child's Individual Education Program (IEP). School districts frequently utilize this Medicaid reimbursement to help meet the costs of providing special education services.

Who Can the District Submit Reimbursement For?

While medical services will be provided to all students with disabilities, school districts may only receive reimbursement for services provided to students who are Medicaid eligible.

What Services Does Medicaid Cover?

- Occupational Therapy
- Physical Therapy
- Nursing Services
- Speech/Language Services
- Psychological Services
- Social Work Services
- Audiology Services
- Special Transportation
- School Health Aides
- Screenings/Evaluations

Why Does the District Need Parental Consent?

Federal special education law requires school districts to seek parental consent prior to submitting bills for reimbursement from public insurers such as Medicaid. The school district is required to obtain your written permission to release information to Medicaid before the district can submit any information for billing purposes.

Is There Any Cost To Me?

No. Services provided to a student within a school setting are provided at **no** cost to the parent/guardian.

Will This Impact My Child's Medicaid Benefits?

Granting permission for the school district to bill Medicaid will **not** reduce your ability to seek other Medicaid-covered health-related services outside the school setting. This permission will **not** decrease lifetime coverage, increase premiums, or lead to the discontinuation of benefits, as Medicaid does not have a maximum number of eligible visits or a lifetime maximum for services.

Who Will See This Information?

Your student's demographic and service information will be shared with our billing agent and HFS (Health Care and Family Services) for the purpose of verifying Medicaid eligibility and submitting claims.

What If I Do Not Grant Consent? -or- What If I Change My Mind?

You have the right to withdraw consent at any time. Your child's free appropriate public education and related services will continue regardless of consent, refusal of consent, or withdrawal.

Who Do I Contact If I Have Questions?

Please contact your school district's special education department with any questions or concerns.